

04-27-00

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| UTILITY PATENT APPLICATION TRANSMITTAL (for nonprovisional applications under 37 C.F.R. § 1.53(b)) | Attorney Docket No. | MFCP.69390 |
| | Express Mail No. | EL375173039US |

TO: Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

Inventor(s): DAVID A. BISHOP and PAUL B. DARCY

Title: SYSTEM AND METHOD FOR REMOTE MANAGEMENT

Enclosed are:

| | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> | 25 | pages of specification including abstract |
| <input type="checkbox"/> | 4 | sheet(s) of drawings |
| <input type="checkbox"/> | an assignment of the invention to: | |
| <input checked="" type="checkbox"/> | Declaration/Oath of Inventor(s) | |
| <input type="checkbox"/> | Newly executed | |
| <input type="checkbox"/> | Copy from a prior application (for contin/div) | |
| <input type="checkbox"/> | Incorporation by Reference: the entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | |
| <input type="checkbox"/> | a small entity statement is enclosed. | |
| <input type="checkbox"/> | a small entity statement was filed in prior application; status still proper and desired. | |
| <input type="checkbox"/> | Information Disclosure Statement/PTO-1449/Copies of IDS citations. | |
| <input type="checkbox"/> | other: | |

If a Continuing Application: Check appropriate box, and supply the requisite information below:

| | | | | | | |
|--|--------------|--------------------------|------------|--------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> | Continuation | <input type="checkbox"/> | Divisional | <input type="checkbox"/> | Continuation-in-Part (CIP) | of prior application No. |
| Prior application information: Examiner: | | | | | | Group Art Unit: |

CLAIMS AS FILED

| | NUMBER FILED | NUMBER EXTRA | RATE | FEE |
|--|--------------|--------------|---------|-----------------------|
| BASIC FEE | | | \$690 | \$ 690 |
| TOTAL CLAIMS | 36 - 20 = | 16 | X \$ 18 | \$ 128 |
| INDEPENDENT CLAIMS | 7 - 3 = | 4 | X \$ 78 | \$ 312 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | \$260 | \$ |
| * Number extra must be zero or larger | | | | TOTAL \$1,130 |
| If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here. | | | | SMALL ENTITY TOTAL \$ |

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|-------------------------------------|---|
| <input checked="" type="checkbox"/> | A check in the amount of \$1,130.00 to cover the filing fee is enclosed. |
| <input checked="" type="checkbox"/> | Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet. |
| <input type="checkbox"/> | Charge the amount of \$ _____ as filing fee. |
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4/26/00

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